

8-1-97 B-80871-C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 01 1997 8:00am  
Secretary of State

DOCUMENT # 744691 (7)

1. Corporation Name

CREST ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

% EDITH BERMAN  
2886 FERNLEY DR. E. #60  
W PALM BEACH FL 33415

% EDITH BERMAN  
2886 FERNLEY DR. E. #60  
W PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1978 3a. Date of Last Report 07/09/1996

4. FEI Number 59-1851940 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDITH BERMAN  
2886 FERNLEY DR E 60  
WEST PALM BEACH FL 33415

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE EDITH BERMAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE July 21, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE  
NAME BROOK, SYLVIA  
STREET ADDRESS 2881 BARKLEY DR W  
CITY-ST-ZIP W PALM BCH, FL 00000

1.1 TITLE  
1.2 NAME WORDEN, LINDEN  
1.3 STREET ADDRESS 2811-H Ashley Dr. E.  
1.4 CITY-ST-ZIP W. Palm Beach, Fl. 33415  
Change Addition

TITLE ASD DELETE  
NAME DOSRFMAN, LEONA  
STREET ADDRESS 2824 CROSLY DR., W.  
CITY-ST-ZIP W PALM BEACH, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

TITLE PD DELETE  
NAME STERN, HAROLD  
STREET ADDRESS 5443-E CRESTHAVEN BLVD  
CITY-ST-ZIP W PALM BEACH, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

TITLE D DELETE  
NAME MERER, FRANK  
STREET ADDRESS 2775 DUDLEY DRM WEST  
CITY-ST-ZIP W PALM BCH, FL 00000

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

TITLE D DELETE  
NAME BERISH, NICHOLAS  
STREET ADDRESS 4780-D CRESTHAVEN BLVD  
CITY-ST-ZIP W PALM BEACH, FL 00000

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE

CR2E037 (4/97)